



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
P.O. Box 1450  
ALEXANDRIA, VA 22313-1450  
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# Fax Cover Sheet

**Date:** 14 Nov 2003

<b>To:</b> Ms. Linda Saltiel	<b>From:</b> Ms. Arti Singh
<b>Application/Control Number:</b> 09/762,386	<b>Art Unit:</b> 1771
<b>Fax No.:</b> 1-314-621-8666	<b>Phone No.:</b> 703-305-0291
<b>Voice No.:</b> 314-621-8383	<b>Return Fax No.:</b> 703-873-9310
<b>Re:</b>	<b>CC:</b>
<input type="checkbox"/> <b>Urgent</b> <input type="checkbox"/> <b>For Review</b> <input type="checkbox"/> <b>For Comment</b> <input type="checkbox"/> <b>For Reply</b> <input checked="" type="checkbox"/> <b>Per Your Request</b>	

Comments:

**Number of pages 3 including this page**

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**U.S. DEPARTMENT OF COMMERCE**  
**PATENT AND TRADEMARK OFFICE**

## EXAMINER'S CASE ACTION WORKSHEET

Application No. 09/762,386		Legal Instrument Examiner
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CHECK TYPE OF ACTION

DATE OF COUNT

<input type="checkbox"/> Non-Final Rejection	<input type="checkbox"/> Restriction/Election Only	<input type="checkbox"/> Final Rejection
<input type="checkbox"/> Ex Parte Quayle	<input type="checkbox"/> Allowance	<input type="checkbox"/> Advisory Action
<input type="checkbox"/> Examiner's Answer	<input type="checkbox"/> Reply Brief Noted	<input type="checkbox"/> Non-Entry of Reply Brief
<input type="checkbox"/> Defective Notice of Appeal	<input type="checkbox"/> Interference Disposal SPE _____ (Approval for Disposal)	<input type="checkbox"/> Suspension (Examiner-Initiated) SPE _____ (initial)
<input type="checkbox"/> Defective Appeal Brief	<input type="checkbox"/> SIR Disposal (use only after FAOM)	<input type="checkbox"/> Supplemental Examiner's Amendment
<input type="checkbox"/> Miscellaneous Office Letter (With Shortened Statutory Period Set)	<input type="checkbox"/> Notice of Non-Responsive Amendment (With One Month Time Period set)	<input type="checkbox"/> Miscellaneous Office Letter (No Response Period Set)
<input type="checkbox"/> Abandonment after BPAI Decision	<input type="checkbox"/> Supplemental Action (excluding Examiner's Answer)	<input type="checkbox"/> Response to Rule 312 Amendment
<input type="checkbox"/> Letter Restarting Period for Response (e.g., Missing References)	<input checked="" type="checkbox"/> Interview Summary	<input type="checkbox"/> Authorization to Change Previous Office Action SPE: _____ (Initial)
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Express Abandonment Date: _____	<input type="checkbox"/> Other Specify: _____

**Examiner's Name:** Ms. Arti Singh

**AU:** 1771